



THE STATE  
of

**ALASKA** *Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

**Board of Veterinary Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfVeterinaryExaminers@Alaska.Gov](mailto:BoardOfVeterinaryExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers)

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## Veterinary License Application Instructions

**Please read the application and instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation.**

Under Alaska Statute 08.98.120 a person may not practice veterinary medicine, surgery, or dentistry in the state unless the person is licensed as a veterinarian under AS 08.98 or has a temporary permit issued under AS 08.98.186.

All Alaska-licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a client's prescription history each time before prescribing a federally scheduled II or III controlled substance. For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

### LICENSE BY EXAMINATION

***The following must be received by the division before your application for Veterinary License by Examination can be reviewed:***

#### 1. APPLICATION

A signed, completed application (#08-609, pages 1-6).

#### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.350.

Nonrefundable Application Fee:	\$200.00
Initial License Fee:	\$600.00
Alaska Jurisprudence Exam Fee:	\$200.00
Prescription Drug Monitoring Program (PDMP):	\$ 0.00

#### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-609a).

#### 4. OFFICIAL TRANSCRIPTS

Official college transcripts showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification process.

An applicant in the final year of veterinary school who is applying for approval to sit for the NAVLE, may submit a letter of good standing, sent directly from the dean of the applicant's veterinary school.

#### 5. PROFESSIONAL REFERENCES

Four professional reference forms (#08-609b), completed by the veterinarians listed on the applicant's application (new graduates may utilize instructors for two of the references). Reference must be sent directly to the division from the person completing the reference form.

#### 6. VERIFICATION OF LICENSURE

A Verification of Licensure form (#08-609c) showing evidence of good standing as set out in 12 AAC 68.048, including the disposition of any disciplinary action taken or pending against the applicant, from all licensing jurisdictions where the applicant holds or has ever held a veterinary license.

#### 7. VIVA SCORE

A completed Veterinary Information Verifying Agency (VIVA) score reporting form sent directly from the American Association of Veterinary State Boards verifying that within 60 months before the date of application, the applicant has passed the:

- A. National Board Examination and the Clinical Competence Test; **or**
- B. North American Veterinary License Examination

## 8. DEA INFORMATION

If you hold a DEA number, you must submit a copy of the valid DEA registration.

## TEMPORARY LICENSE

An applicant whose application has been approved by the board may receive a nonrenewable temporary license while waiting for the NAVLE examination results. Please use form #08-608 to apply for temporary license.

***The following must be received by the division before your application for Temporary Veterinary License can be reviewed:***

### 1. APPLICATION

A signed, completed application (#08-608, pages 1-3).

### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.350.

Temporary Permit Fee: \$125.00

Prescription Drug Monitoring Program (PDMP): \$ 0.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-608a).

### 4. VETERINARY APPLICATION BY EXAMINATION

All items required for licensure under application by examination.

### 5. STATEMENT OF SUPERVISION

A completed Statement of Supervision form (#08-608b) signed by a supervising veterinarian.

### 6. DIPLOMA

A notarized copy of the applicant's veterinary school diploma or Education Commission for Foreign Veterinary Graduates Certificate.

## LICENSE BY CREDENTIALS

***The following must be received by the division before your application for Veterinary License by Credentials can be reviewed:***

### 1. APPLICATION

A signed, completed application (#08-609, pages 1-6).

### 2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.350.

Nonrefundable Application Fee: \$200.00

Initial License Fee: \$600.00

Alaska Jurisprudence Exam Fee: \$200.00

Prescription Drug Monitoring Program (PDMP): \$ 0.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-609a).

### 4. OFFICIAL TRANSCRIPTS

Official college transcripts showing graduation from an accredited veterinary school, or official records showing successful completion of the Educational Commission for Foreign Veterinary Graduates (ECFVG) certification process.

An applicant in the final year of veterinary school who is applying for approval to sit for the NAVLE, may submit a letter of good standing, sent directly from the dean of the applicant's veterinary school.

### 5. PROFESSIONAL REFERENCES

Four professional reference forms (#08-609b), completed by the veterinarians listed on the applicant's application. Reference must be sent directly to the division from the person completing the reference form.

### 6. VERIFICATION OF LICENSURE

A Verification of Licensure form (#08-609c) showing evidence of good standing as set out in 12 AAC 68.048, including the disposition of any disciplinary action taken or pending against the applicant, from all licensing jurisdictions where the applicant holds or has ever held a veterinary license.

**7. VIVA SCORE**

A completed Veterinary Information Verifying Agency (VIVA) score reporting form sent directly from the American Association of Veterinary State Boards.

**8. VERIFICATION OF ACTIVE PRACTICE**

Verification of active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year. An Affidavit of Active Practice Form (#08-609d), must be completed by an individual who has direct personal knowledge of the applicant's practice of veterinary medicine, and be submitted directly to the Division from the person completing the form.

**9. DEA INFORMATION**

If you hold a DEA number, you must submit a copy of the valid DEA registration.

## VET Information

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### **LICENSE TERM:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

### **CONTINUING COMPETENCY REQUIREMENTS:**

Licensees shall complete 30 contact hours of continuing education acceptable to the board for the concluding two-year licensing period.

### **FEDERAL HEALTH CERTIFICATES:**

A veterinarian who does not hold a current permanent license in this state is prohibited from issuing federal health certificates needed for interstate travel. Temporary licenses and temporary permits are NOT permanent licenses.

### **STATE VETERINARY JURISPRUDENCE:**

The examination is required for applicants applying by examination or credentials. Upon receipt of the appropriate application and fee, the open book examination and study materials will be sent directly to each applicant for completion. 12 AAC 68.015.

### **NAVLE EXAMINATION:**

Applicants who have not yet passed a national examination may be scheduled for the next available NAVLE examination. Examination applications must be received by the department at least 120 days before the first day of the NAVLE administration's testing window. The NAVLE is held in April and November of each year. Examination dates, candidate bulletin and other information may be obtained from [www.nbvme.org](http://www.nbvme.org)

### **VETERINARY INFORMATION VERIFYING AGENCY (VIVA):**

Veterinary Information Verifying Agency (VIVA)  
380 West 22nd Street, Suite 101  
Kansas City, Missouri, 64108  
Phone: (877) 698-VIVA, Email: [aavsb@aavsb.org](mailto:aavsb@aavsb.org)  
Website: [www.aavsb.org](http://www.aavsb.org)

## General Information

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### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **PROFESSIONAL FITNESS QUESTIONS:**

A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

**CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

**SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

**PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

**ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

**BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**PRESCRIPTION DRUG MONITORING PROGRAM:**

All Alaska-licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a client's prescription history each time before prescribing a federally scheduled II or III controlled substance. For more information, please visit *PDMP.Alaska.Gov*

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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## Veterinary License Application

### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00
	<input type="checkbox"/> Initial License Fee	\$600.00
	<input type="checkbox"/> Alaska Jurisprudence Exam Fee	\$200.00
PDMP Fees:	<input type="checkbox"/> I have an active DEA registration number valid in any state or practice location.	\$ 0.00
	<input type="checkbox"/> I do not have an active DEA registration number valid in any state or practice location.	\$ 0.00

### PART II Personal Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			
Mailing Address:	P.O. Box or Street	City	State Zip
Date of Birth:		Contact Phone:	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail	
<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

### PART III Examination Information

Have you taken the North American Veterinary Licensing Examination (NAVLE)?

☐ Yes

☐ No

If **YES**, scores must be sent directly to this office from the Veterinary Information Verification Agency (VIVA).

If **NO**, have you applied through the National Board of Veterinary Medical Examiners (NBVME) to take the next scheduled NAVLE exam through Alaska?

☐ Yes

☐ No

You must contact NBVME for an application, or you may obtain information from the NBVME website at [www.nbvme.org](http://www.nbvme.org)

### PART IV Temporary License Request

An applicant whose application has been approved by the board may receive a nonrenewable temporary license while waiting for the NAVLE examination results. Do you wish to also apply for a temporary license?

☐ Yes

☐ No

If **YES**, division staff will contact you regarding your eligibility status. *Please note: A Temporary License Application (#08-608) is required to request a temporary license.*

### PART V Education Information

Name of Veterinary School:				
Address:	P.O. Box or Street	City	State	Zip
Date Attended From:		Date Attended To:		
Degree Awarded:		Date Awarded:		

### PART VI Work History

Please list all positions held during the seven years preceding the date of application.

Name of Employer	Employer Address	Position Held	Date(s) Employed	Hours per Year

**PART VII Professional License(s)**

Please list all states, territories, provinces, or foreign countries in which you currently hold or have ever held a license or permit to practice veterinary medicine.

State or Jurisdiction	License Number	License Category	Issue Date	Expiration Date

**PART VIII Professional References**

Please list four professional references.

Reference Name	Reference Address
1.	
2.	
3.	
4.	

## PART IX DEA Registration and PDMP Acknowledgment

1. Providers with a DEA registration number valid to use in any state or practice location must register with the PDMP. Do you have a DEA Registration number?

- ☐ a. **NO**, I do not have an active DEA registration number valid to use in any state or practice location. I understand if I obtain a DEA registration number, I must register with the Alaska PDMP within 30 days as required by the board. I will refer to all applicable authorizing statutes, regulations cited above, and comply with mandatory use. (Skip to Part X)
- ☐ b. **YES**, I have an active DEA registration number valid to use in any state or practice location. I understand I must register with the Alaska PDMP within 30 days of receiving this permit or license, as required by the board, and will comply with mandatory use as required by AS 17.30.200 and 12 AAC 98.050.
- ☐ I acknowledge I must review a client's prescription history prior to prescribing a federally scheduled II or III controlled substance.

If I have a change in DEA registration number or status, I also understand I must promptly submit the DEA Registration Status Change Form (#08-4763).

***If you're unsure of the DEA issue date, indicate January 1st of the estimated year.***

DEA Registration Number:		Issue Date:		Expiration Date:	
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2. If you have a DEA registration number, do you plan to directly dispense a federally scheduled II - IV controlled substance beyond a 3-day supply AND in practice locations not exempt under AS 17.30.200(t)? Directly dispense means you deliver the substance directly to the user. Writing a prescription for a patient to fill at a pharmacy is NOT direct dispensing.

*Exempted facilities include health care facilities (defined in AS 18.07.111 or AS 18.20.499), correctional facilities, in-patient pharmacies, and emergency departments.*

*Per AS 11.71.900(8) "dispense" means to deliver a controlled substance to an ultimate user or research subject by or under the lawful order of a practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery; "dispenser" means a practitioner who dispenses.*

- ☐ a. **YES**, I plan to directly dispense and acknowledge I must report daily per AS 17.30.200 and 12 AAC 52.865.
- ☐ b. **NO**, I do not plan to directly dispense and acknowledge that if, at any time after my permit or license is issued, I begin directly dispensing any federally-scheduled II – IV controlled substance for more than 3 days unless exempt by AS 17.30.200(t), I must submit a data request through PMP ClearingHouse or report directly to AWARxE for any controlled substance issued. If you are not directly dispensing, the reporting criteria do not apply to you. For more information, please visit [PDMP.Alaska.Gov](http://PDMP.Alaska.Gov)

## PART X Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

**If you answer "yes" to questions 6 or 7,** in addition to your personal statement, you must also submit a statement from your health care provider indicating your ability to safely practice veterinary medicine. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed. When in doubt about your response, disclose and provide the required explanation and documents.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

- |  |  |
|--|--|
| <b>1.</b> Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>2.</b> Have you ever been denied a certificate, or the privilege of taking an exam by any state Veterinary board?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>3.</b> Are you currently under investigation by another veterinary licensing authority concerning a violation or alleged violation of any state regulations, statutes, or law, or any violation or alleged violation of the Veterinary Practice Act, or unprofessional or unethical conduct?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>4.</b> Have you ever surrendered or had a federal controlled substance registration revoked, suspended, restricted, denied, or placed on probation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>5.</b> Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>6.</b> Within the past five years, have you been or are you addicted to, excessively used, or misused, alcohol, narcotics, barbiturates, or habit-forming drugs which may interfere or impair your ability to practice veterinary medicine?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <hr/>  |  |
| <b>7.</b> Within the past five years have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability which may interfere or impair your ability to practice veterinary medicine?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

"Yes" Answers

**If you answered "yes" to questions 6 or 7,** in addition to your personal statement, you must submit a personal statement from yourself and a statement from your health care provider indicating your ability to safely practice veterinary medicine. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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## Signature Page

**Applicant Name:**

### **PART XI** Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Signature:**

**Date Signed:**



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## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a veterinary license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	



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Website: [ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers)

## Affidavit of Professional Reference

This affidavit must be completed by a professional reference and returned directly to the Alaska State Board of Veterinary Examiners at the address listed above.

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individuals. Duplicate this form as needed.

Full Legal Name:			
Applicant Signature:		Date Signed:	

→ **Reference:** Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Veterinary Examiners at the letterhead address.

Reference Name:			
Reference Address:			
Reference Phone:		Reference Email:	
Associated with Applicant from Date:		Associated with Applicant to Date:	
Personal Statement:			
<i>I certify that I am/was professionally associated with the above-named applicant during the time frame above. In addition, I recommend the applicant as being professionally capable, reliable, worthy of confidence, and having clinical skills, in accordance with 12 AAC 68.048(a)(9). I certify that the above information is true and correct.</i>			
Reference Printed Name:			
Reference Signature:		Date Signed:	



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## Verification of Licensure



### Applicant:

Please complete the identifying information below and forward a copy of this form to each state, territory, or jurisdiction where you currently hold or have held a license to practice veterinary medicine. Some jurisdictions require a fee for completion of a license verification; you may wish to check with the agency prior to submitting this form for completion.

<b>Applicant Name:</b>		<b>License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



### Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Veterinary Examiners at the letterhead address.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>State or Jurisdiction:</b>	
<b>License Number:</b>		<b>License Type:</b>	
<b>Issued By:</b>	<input type="checkbox"/> State Exam <input type="checkbox"/> National Exam <input type="checkbox"/> Other (Please Specify): _____		
<b>License Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Other (Please Specify): _____		
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	

1. Is the above-named applicant in good standing? Yes ☐ No ☐

2. Has the applicant's license ever been suspended, revoked or subject to any disciplinary actions? Yes ☐ No ☐

"Yes" Answers

If you answered "yes" to question #2, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



THE STATE  
of

**ALASKA** *Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

**Board of Veterinary Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfVeterinaryExaminers@Alaska.Gov](mailto:BoardOfVeterinaryExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfVeterinaryExaminers)

## Affidavit of Active Practice

*Credential Applicants Only*

This document must be completed and submitted by an individual who has direct personal knowledge of the applicant's practice of veterinary medicine.

Applicants applying for a license by credentials must document active practice of veterinary medicine for at least five of the seven years before the date of application. Active Practice means at least 1,000 hours of practicing veterinary medicine, surgery, or dentistry during a calendar year.

<b>Applicant Name:</b>	
------------------------	--

→ **Sponsoring Veterinarian:** Please complete this bottom part and return this form to the applicant or directly to the division at the letterhead address.

<b>Sponsor Name:</b>			
<b>Relationship to Applicant:</b>			
<b>Date Associated From:</b>		<b>Date Associated To:</b>	
<b>Sponsor License Number:</b>		<b>Sponsor Phone Number:</b>	
<b>Sponsor Address:</b>			
<i>By my signature below, I certify that the above-named applicant has been engaged in the active practice of veterinary medicine, surgery, or dentistry for at least 1,000 hours per calendar year in accordance with 12 AAC 68.035, during the dates of association listed above.</i>			
<b>Sponsoring Veterinarian Name:</b>			
<b>Sponsoring Veterinarian Signature:</b>		<b>Date Signed:</b>	



THE STATE  
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Division of Corporations, Business and Professional Licensing

**Professional Licensing**

PO Box 110806, Juneau AK 99811

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Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:	Date of Incident:
Explanation of Incident:	
When in doubt, disclose and explain. Make copies as necessary.	

**Did you attach all applicable documents associated with this incident?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Court orders  | <input type="checkbox"/> Consent agreements  | <input type="checkbox"/> Disciplinary actions                             | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records   | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident |   |
| <input type="checkbox"/> I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident. |  |   |   |

Full Name:	PL Code:
Signature:	Date:

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.